Violence VRRS Results Lancaster County, NE

The Youth Risk Behavior Survey includes questions on physical fighting, weapons possession, injury as a result of physical fighting, weapon threats, school absence due to safety concerns, abuse, and forced sexual intercourse.

Overall Trends

Reported rates of violence among Lancaster County teens declined from 1991 to 1999. There was a steady decline in general indicators of violence and weapons possession over the five biannual survey years (Figure 1).

In 1999, 29.7% of teens reported having been involved in a physical fight in the past 12 months. This represents a substantial decline over the period since 1991, when 39.9% of teens reported having been involved in a physical fight.

The percentage of teens who reported carrying a weapon or carrying a gun in the past 30 days also declined from 1991 to 1999. In 1999, 14.6% reported having carried a weapon within the past 30 days and 5.1% reported carrying a gun within the past 30 days.

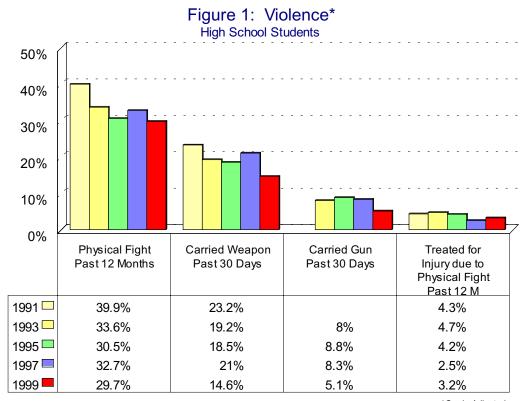
The percentage of teens reporting injuries requiring medical treatment due to a physical fight remained relatively small during the period, with 3.2% reporting such injuries in 1999.

The decline in reported violence, 1991-1999, occurred not only in the entire YRBS sample but also among respondents of different grades, among males as well as females, and white and non-white teens. See the following pages for detail.

Declining rates of weapon possession, gun possession, and physical fighting in Lancaster County were consistent with declines in Nebraska (1993-1997)¹ and the U.S. (1991-1999)².

Tables published by Buffalo Beach Company, Lincoln, NE

Centers for Disease Control and Prevention: Youth Risk Behavior Trends Fact Sheet, http://www.cdc.gov/nccdphp/dash/yrbs/ trend.htm>; MMWR Surveillance Summaries 1999, 1997, 1995, 1993.



*Grade Adjusted

Violence On School Property, Girlfriend/Boyfriend Physical Abuse, Rape

In addition to declines in violence-related measures overall, YRBS results indicated reductions in reported violence *on school property* (Figure 2). These questions were first asked in the 1993 YRBS.

The percentage of teens reporting involvement in a physical fight on school property within the past 12 months did not decrease from 1993 to 1999. In 1999, 13.1% of teens reported having had a fight on school property within the past 12 months.

However, other indicators of violence at school declined from 1993 to 1999. The percentage of teens who reported carrying a weapon on school property in the past 30 days dropped from 11.0% to 6.0%.

There was also a steady downward trend in the percentage of teens reporting that they were threatened or injured with a weapon on school property within the past 12 months. This percentage declined from 10.1% to 6.2%.

Finally, the percentage of teens reporting absence as a result of feeling unsafe going to, being at, or leaving school, also declined overall from 1993 (4.6%) to 1999 (1.5%).

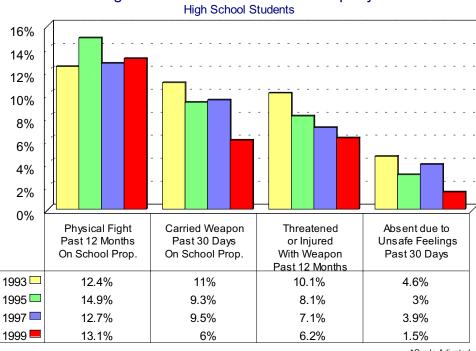


Figure 2: Violence On School Property*

*Grade Adjusted.

New to the 1999 survey were questions which dealt with abuse by one's boyfriend or girlfriend and forced sexual intercourse.

Responses indicated that:

- z 6.8% of teens in Lancaster County reported that their boyfriend or girlfriend had hit, slapped, or physically hurt them on purpose during the past 12 months.
- z 5.6% of teens reported that they had ever been forced to have sexual intercourse when he or she did not want to.

Violence YRBS Results
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Differences by Gender

In 1999, as in previous years, male teens reported more violent behavior than did female teens. However, several reported violence and weapons behaviors declined among both male and female teens during the period. Females were more likely than males to report that they had ever been forced into sexual intercourse against their will.

Reported involvement in a physical fight during the past 12 months (**Fig. 3**) and having required medical attention for an injury incurred during a physical fight (**Fig. 4**) declined for both males and females from 1991 to 1999.

However, males were consistently more likely than females to report fighting or fight-related injuries. In 1999, compared with female teens, male teens were 2.2 times more likely to report that they were involved in a physical fight during the past 12 months and 2.5 times more likely than female teens to report injuries requiring medical attention during the past 12 months.

In 1999, 27.3% of males reported carrying a weapon in the past 30 days while 4.0% of females reported the same activity **(Fig. 5)**. 1999 data also indicated that 10.2% of males reported carrying a gun in the past 30 days while 0.4% of females reported this behavior. Reported carrying of weapons declined for both males and females during the 1990s, while reported gun carriage declined among males.

In 1999, female teens were 1.7 times more likely (6.9%) than males (4.1%) to report having been forced to engage in sexual intercourse against their will. However, females and males were similarly likely to report having been intentionally hit, slapped, or physically hurt by their significant other (7.0% and 6.6%, respectively).

Figure 3: Physical Fight Within Past 12 Months*
High School Students

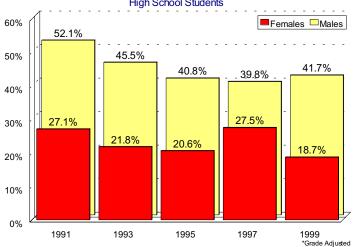


Figure 4: Treated for Injury

Due to Physical Fight in the Past 12 Months*

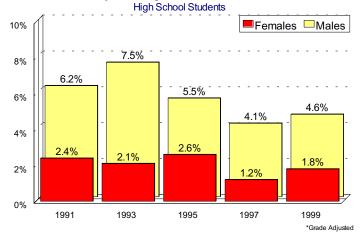
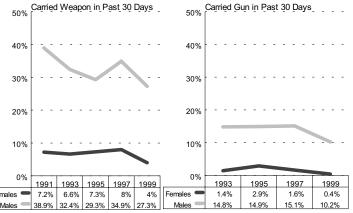


Figure 5: Weapon and Gun Possession*
High School Students



*Grade Adjusted

Violence

YRBS Results
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Differences by Grade

During the 1990s, decreases in reported teen physical fighting and weapons possession occurred in selected grades. Teens in younger grades were more likely to report violent behaviors than teens in older grades.

Reported physical fighting appeared to decline in each grade from 1991 to 1999, although only declines among 9th and 12th graders were statistically significant **(Fig. 6)**.

Ninth grade teens reported higher rates of physical fighting than all other grades, with 37.5% reporting that they fought within the past 12 months (1999). By comparison, in 1999, 30.6% of 10th graders, 32.1% of 11th graders, and 17.8% of 12th graders reported being in a physical fight during the past 12 months.

With respect to reported weapon possession, statistically significant improvements (reductions) from 1991 to 1999 occurred among 9th and 10th grade teens (**Fig. 7**). Nevertheless, in 1999, weapons possession was reported by over 1 in 10 teens, regardless of grade.

In 1999, the percentage of teens who reported gun possession during the past 30 days showed little variance among grades **(Fig. 8)**. This indicator decreased among 9th graders, but for other grades there was no statistically significant change overall from 1993 to 1999. Low prevalence of this and other violence indictors resulted in response sizes too small to identify clear trends by grade.

Figure 6: Physical Fight Within Past 12 Months By Grade

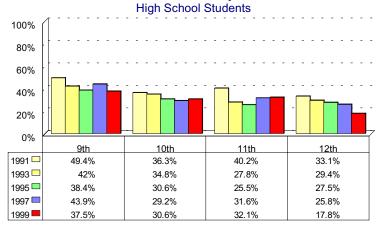


Figure 7: Weapon Possession by Grade

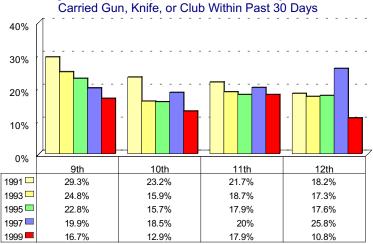
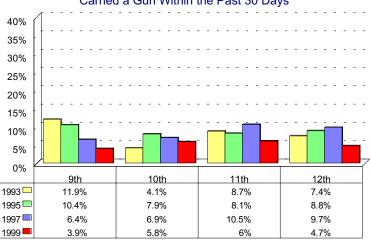


Figure 8: Gun Possession by Grade
Carried a Gun Within the Past 30 Days



Differences by Race

The likelihood of non-white teens to report physical fighting and weapons possession at higher rates than white teens declined over the course of the 1990s.

YRBS sample sizes for major race/ethnic groups (Black, Hispanic, American Indian or Asian) were not large enough to reliably compare these groups or examine trends over time. However, selected comparisons were feasible between white teens and those who may be classified as "non-white" -- of minority race or Hispanic ethnicity.

During most YRBS years, a consistently higher rate of reported physical fighting and weapons possession for non-white students was apparent, but this was not a statistically significant difference. By 1999 there was no longer an apparent difference between the two groups.

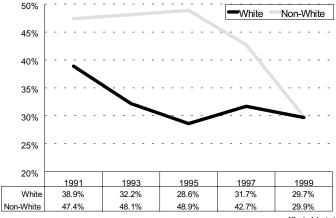
In 1991, 47.4% of non-white teens and 38.9% of white teens reported being involved in a physical fight during the past 12 months (Fig. 9). By 1999, both had decreased to just under 30%.

In 1991, 30.1% of non-white teens and 22.5% of white teens reported carrying a weapon (gun, knife, or club) during the past 30 days (Fig. 10). By 1999, both had declined to approximately 15%.

In 1999, non-white teens were not significantly more likely (8.0%) to report possession of a gun during the past 30 days than white teens (4.8%) (Fig. 11).

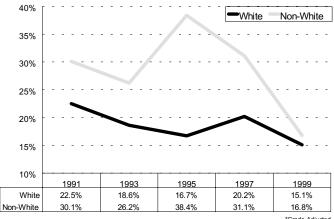
Non-white teens were more likely (13.9%) than white teens (4.8%) to report having ever been forced into sex against their will. There was little difference between white and non-white teens in reporting of abuse by a boyfriend or girlfriend in the past 12 months (6.3% vs. 11.6%, respectively).

Figure 9: Physical Fight Within Past 12 Months* **High School Students**



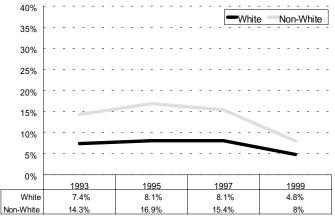
*Grade Adjusted

Figure 10: Weapon Possession* Carried Gun, Knife, or Club in Past 30 Days



*Grade Adjusted

Figure 11: Gun Possession* Carried a Gun During the Past 30 Days



*Grade Adjusted

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Health Objectives for the Year 2010: Reduce the incidence and severity of unintentional and intentional injuries.

Public Health Discussion

Violence is a public health problem. Due to the frequency of stories that catch our attention, violence is often viewed as a fact of life, something that is unpredictable and unpreventable. Violence is a problem that can be studied, understood and prevented.

Violence includes homicides, suicides and assaults. Assaults include incidents ranging from sexual assault, robbery, and gang warfare to domestic violence. Incidents of rape, spouse abuse, child abuse and neglect must be considered violence.

For every statistic cited as violence, there is a face. With the exception of suicide, there are at least two faces of violence: a victim and a perpetrator. Many faces are young: children who are physically or sexually abused and growing numbers of youth who commit suicide. Other faces of violence are disproportionately young and black. The homicide rate for a young black male is five times as high as the rate for a young white male in the same age group.¹

One way to measure the cost of violence is through morbidity (physical and psychological injury) and mortality (death) associated with it. A measure of public health importance is the years of life lost because of violence. For example, if 65 is the average length of a productive life, than death at age 64 would be the loss of one year of productive life. If a 20 year old dies from a gunshot or other act of violence, 45 years of productive life are lost. Although data on nonfatal outcomes of violence are scarce and inadequate, there is overwhelming



"Through fun, recreational activities such as Safe Nights, youth gain knowledge and skills necssary to live violence free lives."

Amy Martin, Safe Nights Coordinator AmeriCorps*VISTA, F St. Recreation Center

evidence that morbidity associated with violence represents a tremendous cost to society and the victim. Victims of violence are more likely to have subsequent problems with alcohol and drug abuse, increased rates of suicide, and other forms of selfdestructive behavior, including overly aggressive or violent behavior as well as passive behavior that

puts them at risk for further victimization. The economic cost of violence includes the cost of medical care, counseling, cost of legal proceedings and incarceration of perpetrators, and the loss in earnings of those who die or are incapacitated by a violent act.



Violence

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Parental Roles and Responsibilities:

Parents need to exercise leadership in monitoring incidence of physical fighting, assaults and weapon carrying by adolescents.

Unsupervised access to firearms or other lethal weapons is a high risk behavior. Parents have the responsibility of proper storing and monitoring of weapons in the home and to role model a healthy respect for the potential endangerment of life when weapons are in untrained or uncaring hands. Parents who maintain open communication with their children, are active in children's lives and monitor behaviors of children can do much to reduce violence.

Issues of physical fighting leads to assaultive injury or death. Parents should not accept physical fighting as a necessary part of growing up, but as a high risk behavior that needs to be addressed.

Community Roles and Responsibilities:

Comprehensive Health taught in Elementary and Secondary schools can address nonviolent conflict resolution skills.

Support of programs that build self esteem and self worth of youth, and programs that enhance the value of youth to a community are needed. Funding sources are needed that provide comprehensive approaches on long term basis rather than short term financing that limits program longevity.

Policy Makers' Roles and Responsibilities:

Solving the problem of violence will require an interdisciplinary approach of professionals from sociology, criminology, economics, law, public policy, psychology, anthropology and public health working together to understand causes and develop solutions.

These disciplines must agree upon definitions and build compatible data sets. Programs need to be shared, building new bridges with service delivery institutions.

References:

1. Lincoln-Lancaster County Health Department, "Healthy People 2010: Health Objectives for the Year 2010 for Lincoln and Lancaster County Nebraska." January 2000